

PART B - FEE(S) TRANSMITTAL

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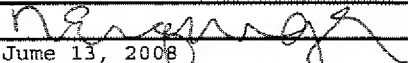
8791 7590 04/09/2008

BLAKELY SOKOLOFF TAYLOR & ZAFMAN
 1279 OAKMEAD PARKWAY
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Nicole Erquiaga	(Depositor's name)
	(Signature)
June 13, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/773,793	02/05/2004	Koo-Hong Kang	3364P162	8460
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TITLE OF INVENTION: IN-LINE MODE NETWORK INTRUSION DETECT AND PREVENT SYSTEM AND METHOD THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID (ISSUE FEE)	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$720	\$300	\$0	\$1020	07/09/2008
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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MAUNG, ZARNI	2151	726-023000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Blakely, Sokoloff,
 Taylor & Zafman LLP
 2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Electronics and Telecommunications
 Research Institute

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Daejeon-City, Republic of Korea

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date June 13, 2008

Typed or printed name Eric S. Hymen

Registration No. 30,139

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